

**CITY OF WILMINGTON
REQUEST FOR BANK DRAFT**

Utility Account Name _____

Utility Account Number _____

Last four digits of Social Security # _____

NC Driver License # _____

Service Address _____

Mailing Address _____

Method of Draft _____ Monthly _____ Bi-monthly

Effective Date _____ / _____ / _____

Type of Account to be drafted: _____ Checking _____ Savings

Signature _____ Date _____

To start this service, complete this form with attachments and return it by mail or in person to the address listed below. Please call 910-341-7806 for assistance.

For Checking Account Draft
Attach a voided check here:

For Savings Account Draft
Attach a voided withdrawal form here:

Billing & Collections Division
305 Chestnut Street ■ P. O. Box 1810 ■ Wilmington, NC 28402-1810